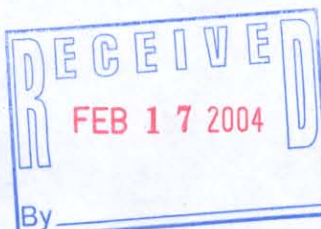




FINANCIAL DISCLOSURE STATEMENT
STATE ETHICS COMMISSION
IC 4-2-6-8
State Form 40676 (R7 / 12-01)

For the calendar year **2003**Check if this is an amendment to your current statement. ☒

Name (last) Kernan	Name (first) Joseph	Name (middle) E.
Spouse's Name (last) Kernan	Name (first) Margaret	Name (middle)
Office address (street) 206 State House	Address (city) Indianapolis	Address (ZIP code) 46204
Office telephone number (317) 232-1763		

I am filing this statement as a (check one box) ☐ candidate for office ☒ incumbent officeholder ☐ state employee

Office or agency Lt. Gov. Ofc. (through 8/17); Gov. Ofc.	Job title Lt. Governor (through 8/17); Governor
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Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." See reverse side for complete instructions and definitions. Words in *bold italics* are included in the definitions.

PART 1 - GIFTS (If you have no information to report in this section, put an "X" in this box) ☐

List the name and address of any **person** known to have a **business relationship** with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a **gift** or gifts having a total fair market value in excess of one hundred dollars (\$100).

Name (last) see attachment	Address (city)	Address (ZIP code)
Name (last)	Address (city)	Address (ZIP code)
Name (last)	Address (city)	Address (ZIP code)

PART - 2 REAL PROPERTY INTERESTS (If you have no information to report in this section, put an "X" in this box) ☐

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location 114 E. Pokagon, South Bend, IN 46611
Property and its location 430 N. Park #211, Indianapolis, IN 46202
Property and its location

PART 3 - NON - STATE EMPLOYERS (If you have no information to report in this section, put an "X" in this box) ☐

List the name of your **employer(s)** and the employer(s) of your spouse and the nature of each employer's business.

Your employer First Source Bank	Nature of business bank
Spouse's employer	Nature of business

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have no information to report in this section, put an "X" in this box) X

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of your business	Nature of business
Name of spouse's business	Nature of spouse's business
Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.	

PART 5 - PARTNERSHIPS (If you have no information to report in this section, put an "X" in this box) X

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of partnership	Nature of partnership
Name of spouse's partnership	Nature of spouse's partnership

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have no information to report in this section, put an "X" in this box) X

List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.

Name of corporation	Nature of business
Name of spouse's corporation	Nature of spouse's business

PART 7 - STOCKHOLDER OF CORPORATION (If you have no information to report in this section, put an "X" in this box) X

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation	Yours	Spouse's	Children's
First Source Corp.			
Milwaukee Heart Scan			

PART 8 - MOST RECENT EMPLOYER (If you have no information to report in this section, put an "X" in this box) X

List the name and address of your most recent former employer.

Name of your most recent former employer	Address street city ZIP code
City of South Bend	

Gifts

Indianapolis Motor Speedway

Tickets to Indianapolis 500

Indianapolis Motor Speedway

Tickets to Brickyard 400

Indianapolis Motor Speedway

Tickets to U. S. Grand Prix

Indianapolis Colts

Tickets to Colts-Panthers game

Indianapolis Colts

Tickets to Colts-Texans game

**James Strzelecki
St. Andrews Products**

Shirts and leather notepads

**Michael Leep
Gurley-Leep Buick**

Indianapolis-South Bend flight

Indianapolis Colts

Tickets to Colts-Jets game

Governor Robert Holden, Missouri

Hospitality gift assortment

**Michael Browning
Browning Investments**

Indianapolis-South Bend flight

Indianapolis Motor Speedway

Commemorative bowl

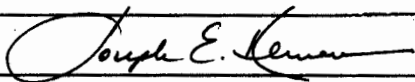
AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature



Date signed

2/13/04

Mail or deliver to the following address:

Indiana State Ethics Commission
402 West Washington Street, Room W189
Indianapolis IN 46204-2026
Telephone: (317) 232-3850